

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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PHARMACY EXAMINING BOARD

INFORMATION REGARDING ORIGINAL LICENSURE OF PHARMACISTS BY EXAMINATION OR EXAMINATION SCORE TRANSFER

An applicant may be admitted to an examination provided the applicant has graduated from a school, college or department of pharmacy approved by the Board and has completed an internship program in accordance with rules adopted by the Pharmacy Examining Board (Wis. Stats., 450.04 and Wis. Admin. Code Ch. Phar 17).

Enclosed are materials which must be completed to apply for examination for licensure as a pharmacist.

APPLICATION STATUS

Once an application is filed with the Department we will mail you a check sheet within 10-15 *working* days. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days *of receipt* of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

INSTRUCTIONS TO APPLICANT APPLYING FOR ORIGINAL LICENSURE BY EXAMINATION OR EXAMINATION SCORE TRANSFER (Wis. Admin. Code Ch. Phar 2):

To be eligible to take examinations the following items must be completed and on file in the board office no later than 45 days prior to the date of the examination.

- ☐ 1. Completed and notarized application (Form #608) with appropriate fees.
- ☐ 2. Complete page 6 of 6 (Form 608) Social Security Number.
- ☐ 3. The "Pharmacist Certificate of Professional Education (Form #2512) completed by the dean or registrar at the academic records office of your respective educational institution certifying graduation.

For Wisconsin graduates this service is available from the UW, 750 University Avenue, Window 21 A.W. Peterson Bldg., Madison, WI.

- ☐ 4. Proof of completion of 1500 hours of internship (Forms #2533, #2534, #2535, #2536, #2537).

All practical experience hours must be submitted to the board office **45 days prior** to the date of examination for Board approval.

Wisconsin Department of Regulation & Licensing

- ☐ 5. FPGEC Certification (Foreign graduates only).
- ☐ 6. Copy of Translated Diploma (Foreign graduates only).
- ☐ 7. Complete MPJE registration form and attach required fee. Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068.
- ☐ 8. Complete NAPLEX registration form and attach required fee. Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068, or contact NABP for score transfer to be sent.
- ☐ 9. Copy of document regarding any name change or address change other than filed previously with the board.
- ☐ 10. Convictions and Pending Charges form #2264 if applicable.

GRADUATES FROM APPROVED SCHOOLS: If you will be graduating from a school or college of pharmacy approved by the board you will not be admitted to the NAPLEX or MPJE examination prior to 60 days before graduation without submitting proof directly from your school/college of pharmacy. Please contact your school/college to have a letter forwarded directly to the Board office.

FOREIGN GRADUATES: Applicants must be certified by the FPGEC. Submit evidence of having obtained certification by the Foreign Pharmacy Graduate Examination Committee. Information on the FPGEC can be obtained from: NABP, 700 Busse Hwy, Park Ridge, Il 60068, (847) 698-6227, www.nabp.net.

NAPLEX SCORE TRANSFER:

NAPLEX Score Transfer is available to you, with states that belong to the program through the NABP, to allow you the opportunity to transfer scores from the NAPLEX examination to additional states where you wish to hold a license. Scores are transferred only between participating states. NAPLEX Score Transfer Forms are available from NABP headquarters (1-800-774-6227).

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PHARMACY EXAMINING BOARD

GENERAL INFORMATION

EXAMINATIONS:

Candidates for licensure must complete the following examinations:

Multi-State Pharmacy Jurisprudence Examination (MPJE)

North American Pharmacist Licensure Examination (NAPLEX) (website: www.nabp.net):

These examinations are computer-adaptive examinations developed by the National Association of Boards of Pharmacy (NABP). The NAPLEX/MPJE Registration Bulletin accompanying this application provides information on test dates, registration information and content.

Admission to NAPLEX and MPJE Examinations:

1. Graduates from approved schools

If you will be graduating from a school or college of pharmacy approved by the board you will not be admitted to the NAPLEX or MPJE examination prior to 60 days before graduation without submitting proof directly from your school/college of pharmacy. Please contact your school/college to have a letter forwarded directly to the Board office.

2. Foreign graduates

If you are a foreign pharmacy graduate seeking original licensure you will not be admitted to the NAPLEX or MPJE examination prior to first filing proof with the board of obtaining certification by the "Foreign Pharmacy Graduate Examination Committee" (FPGEC) and being within 360 credit hours of completing an internship in the practice of pharmacy.

Practical Examination:

The Wisconsin patient consultation examination is a practical examination that is conducted in Madison. Approximately 10 days before the scheduled date of the examination, an admission ticket will be mailed to each eligible candidate. An applicant may not be admitted to the practical examination before the test date which immediately follows completion of the applicant's internship in the practice of pharmacy.

Competencies for Patient Consultation Examination

The patient consultation examination is designed to measure minimum competency for safe practice as a pharmacist. The questions on the examination are designed to evaluate the candidate's job related knowledge of dispensing medications and patient consultation.

The following 9 basic points are covered on the examination:

1. Introduction to counseling (establish contact and relationship, conduct a drug regimen review and an allergy assessment)
2. Name and purpose of the medication
3. Directions for use of the medication (how, when, how long)
4. Communicating cautions that may affect the medication prescribed
5. Explaining untoward effects and appropriate actions to minimize these effects
6. Proper storage of the medication
7. Determination of patient understanding
8. Discussion of refill medication
9. Appropriate language (clear and audible voice, use of common words, appropriate pace, accuracy and appropriateness of content)

Wisconsin Department of Regulation & Licensing

DATES FOR ADMINISTRATION OF THE PRACTICAL EXAMINATION:

For current examination dates please view the Department website at <http://drl.wi.gov/prof/phar/exams.htm>.

EXAMINATION RESULTS:

Within 30 days after a State licensing examination is administered, the board will notify each examinee of the results of the examination. However, if an examination is graded by a national testing service, the board will notify each examinee of the results of the examination within two weeks from the time the board office receives the results. No examination results will be given by telephone. To check your pass/fail status call the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the website: <http://drl.wi.gov>. Look under "Applicant Services."

REVIEW OF EXAM BY CANDIDATES:

There is no provision for a candidate's review of either the NAPLEX or MPJE examination. Any questions that a candidate may have relating to these examinations must be submitted to the board office in writing within 30 days after notice of examination results. Candidates that are unsuccessful on the patient consultation exam are entitled to a review of the exam. Additional information will be provided to failing candidates regarding the requirements for the review.

Direct any review related questions to the office of examinations at the address shown on the front of these instructions.

PASSING SCORES:

The passing scores set by the board represent the minimum competency essential for safe practice. The board may employ and cooperate with any organization or consultant in the development and grading of an examination, but will retain the responsibility of determining which applicants have successfully passed the examination. An applicant must earn passing scores on each required examination to qualify for licensure as a pharmacist in the State of Wisconsin.

A score of at least 75.0 is required to pass the NAPLEX, MPJE and the Wisconsin Patient Consultation Examination.

REQUESTS FOR MODIFICATION OF EXAMINATION PROCEDURES TO ACCOMMODATE A DISABILITY:

Applicants wishing a modification of examination procedures are asked to provide a written description of modifications desired, and a written statement from a qualified professional attesting to the need prior to the board meeting preceding the examination (one to two months prior to the exam date). Applicants may contact the Office of Examinations at (608) 266-2852 to discuss these procedures.

REFUNDS:

Applicants who are found unqualified to take an examination will receive a refund of all but \$10.00 of the fee. Applicants who provide written notice 10 days in advance that they are unable to take an examination for which they have been scheduled will receive a refund of all but \$10 of the examination fee. Applicants who fail to give written notice will receive a refund of all but \$10 of the examination fee if their failure to appear resulted from extreme personal hardship as determined by the department. Applicants eligible for a refund may choose instead to take an examination administered within 18 months of the originally scheduled examination at no additional charge.

CHANGE OF ADDRESS:

A change of address must be reported to the board within 30 days.

NAME TO BE USED:

For employment purposes, use the name on your file in the Pharmacy Examining Board office. You will not be identified as being licensed if any other name is used. Credentials received in a name other than that on the original application shall be supported by a change of name affidavit, such as a copy of marriage license or divorce decree.

CONTINUING EDUCATION:

30 hours of continuing education is required for renewal of the Wisconsin license. This coursework must be ACPE approved. You may contact ACPE at (312) 664-3575. This will be effective for the biannual periods of May 31-even years through June 1-even years. NOTE: This does not apply for a first time renewal.

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PHARMACY EXAMINING BOARD

PHARMACIST CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR PHARMACY SCHOOL
AND RETURNED TO THE PHARMACY EXAMINING BOARD

APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last)

Social Security Number*

____ - ____ - ____

ADDRESS (City, State, Zip)

Date of Graduation

____ / ____ / ____

CERTIFYING SCHOOL - Please complete this section.

NAME OF INSTITUTION

LOCATION OF INSTITUTION

DEGREE AWARDED

MAJOR

Was this a 5 or 6 year program? _____ Yes _____ No
If not, list number of years. _____

DATE DIPLOMA GRANTED**

Signature of Dean/Department Head/Registrar

SCHOOL SEAL

Date

* For use in the school locating your records.

** **DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.

#2512 (Rev. 2/03)

Ch. 447, Stats.

Committed to Equal Opportunity in Employment and Licensing

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PHARMACY EXAMINING BOARD

PHARMACIST LICENSURE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

Daytime Telephone Number

month

day

year

() -

Ethnic/gender status
information is optional.

Sex: ☐ M
☐ F

Ethnic: ☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic

☐ American Indian or Alaskan
☐ Asian or Pacific Islander
☐ Other

School of Pharmacy:

School Code:

(See NAPLEX/MPJE bulletin)

School Address:

(City)

(State)

Date Diploma Granted:

month/day/year

Degree: BS-PHARM 5 year

PHARM.D. 6 year

(Circle one or both)

For Receipting Use Only

APPLICATION FEES

Please see page 2 of 7

Wisconsin Department of Regulation & Licensing

APPLICATION FEE CHANGES

PHARMACISTS

APPLICATION FEES

Please check applicable blank.

ORIGINAL LICENSURE EXAM CANDIDATES

_____ **NAPLEX MPJE & PRACTICAL**
\$ 326.00 Exam Fee
\$ 53.00 Initial Credential Fee
\$ 19.00 DOA Exam Fee
\$ **398.00 Total Fee** *(Make check payable to Dept of Regulation & Licensing and attach to this application)*

PLUS \$ 430.00 NAPLEX FEE *(Attach certified check or money order made payable to NABP with completed NAPLEX registration form. **Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068**)*

PLUS \$ 170.00 MPJE FEE *(Attach certified check or money order made payable to NABP with completed MPJE registration form. **Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068**)*

POSSIBLE ADDITIONAL EXAMINATION FEE: \$266.00

If you are not engaged in the active practice of pharmacy (see Form #1303), you will be notified to register for the practical examination and pay the fee.

APPLICATION FEES

Please check applicable blank.

ORIGINAL LICENSURE NAPLEX SCORE TRANSFER

_____ **MPJE & PRACTICAL** (NAPLEX taken elsewhere)
\$ 311.00 Exam Fee
\$ 53.00 Initial Credential Fee
\$ 19.00 DOA Exam Fee
\$ **383.00 Total Fee** *(Make check payable to Dept of Regulation & Licensing and attach to this application)*

PLUS \$ 170.00 MPJE FEE *(Attach certified check or money order made payable to NABP with completed MPJE registration form. **Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068**)*

ENDORSEMENT/RECIPROCITY CANDIDATES

_____ **MPJE**
\$ 45.00 Exam Fee
\$ 97.00 Initial Credential Fee
\$ 19.00 DOA Exam Fee
\$ **161.00 Total Fee** *(Make check payable to Dept of Regulation & Licensing and attach to this application)*

PLUS \$ 170.00 MPJE FEE *(Attach certified check or money order made payable to NABP with completed MPJE registration form. **Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068**)*

POSSIBLE ADDITIONAL EXAMINATION FEE: \$266.00

If you are not engaged in the active practice of pharmacy (see Form #1303), you will be notified to register for the practical examination and pay the fee.

AN APPLICATION FOR LICENSURE IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Original Licensure Exam Candidates

Application form (Form #608)
Appropriate fees attached
Social Security Number Collection Form (Page 6 of 6 Form #608)
Certificate of Professional Education (Form #2512)
Proof of Internship completion (1500 hours required)
FPGEC Certification (Foreign graduates only)
Copy of Translated Diploma (Foreign graduates only)
MPJE and NAPLEX forms completed and fees attached (**send directly to NABP**)
MPJE and NAPLEX exam results
Letter from school/college of pharmacy of anticipated graduation date (if applicable)
Practical exam results
Convictions and Pending Charges form #2264 (if applicable)

Original Licensure NAPLEX Score Transfer

Application form (Form #608)
Appropriate fees paid (this includes initial practical examination fee)
Social Security Number Collection Form (Page 6 of 6 Form #608)
Certificate of Professional Education (Form #2512)
Proof of Internship completion (1500 hours required)
FPGEC Certification (Foreign graduates only)
Copy of Translated Diploma (Foreign graduates only)
MPJE form completed and fee attached (**send directly to NABP**)
MPJE exam results
Letter from school/college of pharmacy of anticipated graduation date (if applicable)
NAPLEX exam results
Practical exam results
Convictions and Pending Charges form #2264 (if applicable)

Wisconsin Department of Regulation & Licensing

Persons Licensed in Another State (s. 450.05 candidates)

Application form (Form #608)

Appropriate fees paid

Social Security Number Collection Form (Form #2380)

NABP Official application for transfer of Pharmaceutical Licensure

MPJE form completed and fee attached (**send directly to NABP**)

MPJE exam results

Eligibility for Transfer of Pharmaceutical Licensure based on Active Practice of Pharmacy (Form #1303)

If not 450.05 exempt, based upon meeting the definition of the active practice of pharmacy (Form #1303), practical examination fee and exam results

FPGEC Certification (Foreign graduates only)

Copy of Translated Diploma (Foreign graduates only)

Convictions and Pending Charges form #2264 (if applicable)

A. INTERN PHARMACIST INFORMATION

Applicants who earned internship hours under an internship certificate issued by the Pharmacy Internship Board, or by another state, complete the following:

1. Internship hours earned in Wisconsin: _____ Internship Certificate grant date: _____ Certificate#: _____
2. Internship hours earned in another state: _____ Yes _____ No State: _____

Instructions for submitting proof of internship credit:

Required: 1500 internship hours minimum in aggregate in any of the following categories;

***(Any combination may be used to arrive at total credited hours.)**

1. Wisconsin Pharmacy Internship Board (PIB) credit for internship:
 - a. Verified PIB hours earned prior to December 31, 2001, and/or;
 - b. Current internship certification forms may be used to account for internship hours earned prior to December 31, 2001.
2. Internship credit for pharmacy practice outside of Wisconsin:
 - a. Verification form, #2537 to be completed and returned from the credentialing authority granting credit for internship hours. (A verification form from a credentialing authority substantially meeting the requirements of form #2537 will be accepted.)
3. Internship credit for pharmacy practice after January 1, 2002:
 - a. For general internship information and requirements please refer to the internship rules and Frequently Asked Questions which are included with this application.
 - b. Hours claimed for credit must be evidenced by the submission of applicable certification or verification forms.
 - c. Certification or verification of completed internship hours must be directly submitted to the board from the applicant's school of pharmacy, educational institution or a licensing entity located in another state
 - d. Certification of completed internship hours for all other internship categories may be submitted by the applicant or supervising pharmacist.
 - e. The necessary forms for internship certification and verification are enclosed with this application. The enclosed forms may be copied.

B. FOREIGN GRADUATES

Is your school of pharmacy a 5 or 6 year program? _____ Yes _____ No If not, list number of years _____

| FPGEC EXAM TAKEN | CERTIFICATE ISSUED | CERTIFICATE NO. | DATE ISSUED |
|--------------------|--------------------|-----------------|-------------|
| _____ Yes _____ No | _____ Yes _____ No | _____ | _____ |

- C. **LIST ALL STATES IN WHICH YOU ARE NOW OR HAVE EVER BEEN CREDENTIALLED.**
(Request verifications of credential from all state boards where credentialed.)

Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

| | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s). | <input type="checkbox"/> | <input type="checkbox"/> |

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a pharmacist" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate pharmaceutical judgments and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform pharmacy tasks such as dispensing and compounding of pharmaceuticals with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

Wisconsin Department of Regulation & Licensing

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 10. Do you have a medical condition which in any way impairs or limits your ability to practice pharmacy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your use of chemical substance(s) in any way impair or limit your ability to practice pharmacy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. | <input type="checkbox"/> | <input type="checkbox"/> |

AFFIDAVIT OF APPLICANT

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

Applicant Signature

Date

State of _____

County of _____

Subscribed and sworn before me this _____ day
of _____, 20_____
by _____

S E A L

Notary Public, State of _____
My commission expires: _____

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Wisconsin Department of Regulation & Licensing

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Website: <http://www.drl.state.wi.us>

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

| | | | |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

| | |
|---|------------------------|
| Date of Birth | Social Security Number |
| ____ month ____ day ____ year | ____ - ____ - ____ |
| Information helps us identify your record, but is voluntary. It is not available to the public. | |

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

| <u>PENDING CHARGE</u> | <u>DATE OF ARREST</u> | <u>LOCATION OF ARREST (city/state)</u> |
|-----------------------|-----------------------|--|
|-----------------------|-----------------------|--|

| |
|--|
| |
| |
| |

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

| |
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| |

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

| | |
|--------------------|---------------|
| _____ Signature | _____ Date |
|--------------------|---------------|

Signed and sworn before me this _____ day of _____, 20 _____.

| | |
|-------------------------------------|---------------|
| _____ Signature of Notary Public | _____ Date |
|-------------------------------------|---------------|

My commission (is permanent) _____ expires _____.

SEAL

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-1803
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 11/02) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

PHARMACY EXAMINING BOARD

CERTIFICATION OF ACADEMIC INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY YOUR SCHOOL AND RETURNED TO THE PHARMACY
EXAMINING BOARD

Wis. Admin. Code § Phar 17.02(1) Definition

(1) "Academic internship" means a practical experience program consisting of the practice of pharmacy sponsored by a professional bachelor's of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

Wis. Admin. Code § Phar 17.03 Academic internship. A person participating in an academic internship is not required to register as an intern with the board. There is no restriction in the number or hours earned in an academic internship.

This form may be copied and additional copies submitted if necessary

APPLICANT - PLEASE COMPLETE THIS SECTION:

| | |
|------------------------------------|-------------------------|
| _____ | Social Security Number* |
| Name (First, Middle, Maiden, Last) | _____/_____/_____ |
| _____ | Date of Graduation |
| Address (Street, City, State, Zip) | _____/_____/_____ |

ACADEMIC INTERNSHIP CERTIFICATION

I hereby certify that the applicant has successfully completed _____ (hours) in a practical experience program consisting of the practice of pharmacy sponsored by this institution.

Signature of Dean or Academic Records Office Head

Date

Name of Institution

Street Address

SCHOOL SEAL

City, State, Zip Code

***For use in the school locating your records**

#2533 (10/02)
Ch. 450, Stats.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

PHARMACY EXAMINING BOARD

CERTIFICATION OF

FOREIGN GRADUATE INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY YOUR SUPERVISING PHARMACIST AND RETURNED TO THE PHARMACY EXAMINING BOARD

Wis. Admin. Code § Phar 17.02(3) Definition

(3) "Foreign graduate internship" means the practice of pharmacy by a person who has first filed an application with the board for original licensure under s. Phar 2.02 and has not graduated from a professional bachelor's of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

Wis. Admin. Code Phar 17.04 Foreign graduate internship.

(1) Prior to performing duties as an intern or to receiving credit for hours participating in a foreign graduate internship the person must file an application with the board for original licensure under s. Phar 2.02.

(2) A foreign graduate internship is limited to performing duties constituting the practice of pharmacy under the supervision of a supervising pharmacist. The supervising pharmacist shall keep a written record of the hours and location worked by an intern under his or her supervision, signed by the intern and the supervising pharmacist. The written record shall be produced to the board upon request.

(3) A person shall not further engage in the practice of pharmacy as a foreign graduate intern in excess of 2000 hours unless that person first submits to the board evidence of having obtained certification by the foreign pharmacy graduate examination committee.

(4) Upon completing a maximum of 3000 hours of the practice of pharmacy in a foreign graduate internship, the internship is terminated and the person shall not further engage in the practice of pharmacy until obtaining licensure from the board.

Wis. Admin. Code § Phar 17.02(9) "Supervising pharmacist" means a pharmacist who supervises and is responsible for the actions of an intern in the practice of pharmacy.

This form may be copied and additional copies are to be submitted every 6 months to the board office.

APPLICANT - PLEASE COMPLETE THIS SECTION:

Date of Graduation

Name (First, Middle, Maiden, Last)

Address (Street, City, State, Zip)

SUPERVISING PHARMACIST - PLEASE COMPLETE THIS SECTION:

I have supervised the applicant for a total of _____ hours (limited to a maximum of 3000 hours) in an internship in the practice of pharmacy from ____/____/____ to ____/____/____.
date date

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

Supervising Pharmacist

Wis. License #

(____)_____
Daytime phone #

Date

Internship Location- Name and Address (Name, Street, City, State, Zip Code)

State of _____
County of _____

Subscribed and sworn before me this ____ day
of _____, 20____
by _____

SEAL

Notary Public, State of _____
My commission expires: _____

#2534 (11/02)
Ch. 450, Stats.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

PHARMACY EXAMINING BOARD

CERTIFICATION OF STUDENT NON-ACADEMIC INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY YOUR SUPERVISING PHARMACIST LICENSED IN THE STATE OF WISCONSIN
AND RETURNED TO THE PHARMACY EXAMINING BOARD

Wis. Admin. Code § Phar 17.02(8) Definition

(8) "Student non-academic internship" means the practice of pharmacy by a person which is not acquired in an academic internship.

Wis. Admin. Code Phar 17.07 Student non-academic internship.

(1) Prior to performing duties as an intern or to receiving credit for hours participating in a student non-academic internship the person must successfully complete his or her second year in and be enrolled at a professional bachelors of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

(2) A student non-academic internship is limited to performing duties constituting the practice of pharmacy under the direct supervision of a supervising pharmacist. The supervising pharmacist shall keep a written record of the hours and location worked by an intern under his or her direct supervision, signed by the intern and the supervising pharmacist. The written record shall be produced to the board upon request.

Wis. Admin. Code § Phar 17.02(9) "Supervising pharmacist" means a pharmacist who supervises and is responsible for the actions of an intern in the practice of pharmacy.

This form may be copied and additional copies submitted if necessary

APPLICANT - PLEASE COMPLETE THIS SECTION:

Date of Graduation

Name (First, Middle, Maiden, Last)

_____/_____/_____
Date of Graduation

Address (Street, City, State, Zip)

WISCONSIN LICENSED SUPERVISING PHARMACIST - PLEASE COMPLETE THIS SECTION - STUDENT NON ACADEMIC INTERNSHIP CERTIFICATION:

I have directly supervised the applicant for a total of _____ hours in an internship in the practice of pharmacy after the applicant successfully completed his or her second year in and was enrolled at a professional Bachelors of Science degree in pharmacy or Doctor of Pharmacy degree granting institution located in this or another state. I have kept a written record of the hours and location worked by the applicant under my direct supervision.

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

Supervising Pharmacist

Wis. License #

Date

Internship Location- Name and Address (Name, Street, City, State, Zip Code)

State of

County of

Subscribed and sworn before me this ____ day

of _____, 20____

by _____

SEAL

Notary Public, State of

My commission expires:

#2535 (2/03)

Ch.450, Stats.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

PHARMACY EXAMINING BOARD

CERTIFICATION OF POST-GRADUATE INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY YOUR SUPERVISING PHARMACIST AND RETURNED TO THE PHARMACY
EXAMINING BOARD

Wis. Admin. Code § 17.02(6) Definition

(6) "Post-graduate internship" means the practice of pharmacy by a person who has first filed an application with the board for original licensure under s. Phar 2.02 and has graduated from a professional bachelor's of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

Wis. Admin. Code Phar 17.05 Post-graduate internship.

(1) Prior to performing duties as an intern or to receiving credit for hours participating in a post-graduate internship, the person must file an application with the board for original licensure under s. Phar 2.02 and submit to the board evidence of having been graduated from a professional bachelor's of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

(2) A post-graduate internship is limited to performing duties constituting the practice of pharmacy under the supervision of a supervising pharmacist. The supervising pharmacist shall keep a written record of the hours and location worked by an interns under his or her supervision, signed by the intern and the supervising therapist. The written record shall be produced to the board upon request.

(3) Upon completing a maximum of 2000 hours of the practice of pharmacy in a post-graduate internship, the internship is terminated and the person shall not further engage in the practice of pharmacy until obtaining licensure from the board.

Wis. Admin. Code § Phar 17.02(9) "Supervising pharmacist" means a pharmacist who supervises and is responsible for the actions of an intern in the practice of pharmacy.

This form may be copied and additional copies submitted if necessary

APPLICANT - PLEASE COMPLETE THIS SECTION:

Date of Graduation

Name (First, Middle, Maiden, Last)

Address (Street, City, State, Zip)

SUPERVISING PHARMACIST - PLEASE COMPLETE THIS SECTION - POST-GRADUATE INTERNSHIP CERTIFICATION:

I have supervised the applicant for a total of _____ hours (limited to a maximum of 2000 hours) in a post-graduate internship in the practice of pharmacy .

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

Supervising Pharmacist

Wis. License #

Date

Internship Location- Name and Address (Name, Street, City, State, Zip Code)

State of

County of

Subscribed and sworn before me this ____ day

_____, 20____

by

SEAL

Notary Public, State of

My commission expires:

#2536 (10/02)

Ch.450, Stats.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

PHARMACY EXAMINING BOARD

Wisconsin Pharmacy Internship Program - Wis. Admn. Code Chapter Phar 17

FREQUENTLY ASKED QUESTIONS

Q. Who is an intern under the new rules?

A. "Intern" means a person engaged in the practice of pharmacy pursuant to the internship rules.

Q. How many hours must be completed in an internship in the practice of pharmacy to qualify for original licensure in Wisconsin?

A. A minimum of 1500 hours in aggregate of any one or more of five categories. An applicant can have more hours, but not less. An applicant can mix and match internship credit from any of the five categories.

Q. How do I become a preceptor?

A. The board and the department of regulation and licensing do not license or approve preceptors or clinical instructors that participate in a school's practical experience program for which credit in an academic internship may be granted. A pharmacist wishing to participate in a school's practical experience program should contact that school for more information. For all remaining internship categories where an intern must be supervised, the only supervising pharmacist requirement is current licensure as a pharmacist in Wisconsin.

Q. I am currently licensed as a pharmacist in another state and wish to become licensed in Wisconsin by "reciprocity". Can I work as an "intern" and if so what do I file with the board. When can I start work as an intern? I don't want to work as a technician, and my employer doesn't want me to work as a technician. None of the five intern categories appears to apply to me?

A. The distinct between interns and technicians is an important one, interns practice pharmacy and technicians do not.

Yes, you can work as an intern, although no internship credit is granted or needed for a person licensed as a pharmacist in another state who applies to Wisconsin via "reciprocity" under Wis. Stats. §450.05.

A recent change in the law, Wis. Stats. §450.03(1)(g), now also permits an otherwise unlicensed person to practice pharmacy in this state if:

- 1) they are licensed as a pharmacist in another state,
- 2) they file an application for a pharmacist license in Wisconsin pursuant to Wis. Stats. §450.05,
- 3) they work under the direct supervision of a person licensed as a pharmacist by the board, and;
- 4) they work during the period before which the board takes final action on their application.

Accordingly, the board in its internship rule definitions at Wis. Admin. Code § Phar 17.02 (4), has included this class of persons within the definition of "intern". The board took this action to clarify that persons performing pharmacy practice under Wis. Stats., § 450.03(1)(g), would be considered interns under Wis. Admin. Code § Phar 7.01.

Wisconsin Department of Regulation & Licensing

There is nothing to file with the board EXCEPT an application for licensure under Wis. Stats. § 450.05. No other internship credit hours are needed or reported in order to qualify for licensure under Wis. Stats. § 450.05.

PLEASE NOTE: If you are currently licensed as a pharmacist in another state, you CAN NOT practice pharmacy as an intern UNTIL you file an application for licensure in Wisconsin under Wis. Stats. § 450.05. You could, however, perform job duties as a pharmacy technician under Wis. Admin. Code § Phar 7.015.

Q. What are the five categories to earn credit as an intern?

A. The internship categories are as follows:

1. An academic internship at your school.

Q. How do I qualify?

A. If your accredited school of pharmacy has a practical experience program consisting of the practice of pharmacy you can earn credit for a Wisconsin pharmacy internship.

Q. How do I sign up?

A. Simply complete the program as required by your school. You don't need to file anything with the board at this time.

Q. Do I need a preceptor or clinical instructor approved by the board to supervise me?

A. No. Your school will administer its practical experience program according to its guidelines. Please check with your school for its requirements. The board and the department of regulation and licensing do not oversee or approve preceptors or clinical instructors participating in a school's practical experience program.

Q. How do I prove how many hours I earned?

A. When you apply for an original Wisconsin pharmacist license, the Dean of your school of pharmacy or the academic records department at your educational institution will fill out a form certifying the number of hours of credit which you have earned. You will supply the certification form to your dean or academic records department. The certification form will then be sent back to the board directly by the dean or academic records department.

Q. Where do I get a form for certification?

A. The license application contains a form for the certification, #2533. Therefore, the certification will be a part of your application process.

Q. How many hours of credit can I earn?

A. You will earn as many hours as your school gives credit. If you are certified for a minimum of at least 1500 hours you have met the Wisconsin internship requirement.

Q. What if I don't meet the 1500 hours requirement?

A. If less than 1500 hours are certified you will need additional hours from any combination of the remaining internship categories.

Q. Can I serve an academic internship at the same time as another category of internship?

A. Yes. An academic and non-academic internship can both be served at the same time. However, you cannot double count the hours. If you check with your school and determine that you cannot meet the 1500 hours requirement in an academic internship, you may wish to supplement your hours with a non-academic internship at the same time you are enrolled in your professional degree program. That way, you can possibly avoid delay in becoming licensed as a pharmacist by assuring you have met the 1500 hours minimum internship requirement.

Wisconsin Department of Regulation & Licensing

2. **A student non-academic internship.**

Q. What is a student non-academic internship?

A. You may practice pharmacy under the direct supervision of a supervising pharmacist. The supervising pharmacist must be licensed in this state. Direct supervision means immediate on premises availability to continually coordinate, direct and inspect at first hand the practice of another. The hours practiced by you as an intern under this category can not also be counted towards an academic internship. No double counting is allowed. The intern in this category typically works nights, weekends or during school recess, although there is no restriction on when the hours may be worked.

Q. How do I qualify?

A. You qualify if you have successfully completed your second year in and are enrolled at a professional Bachelor of Science degree in pharmacy or Doctor of Pharmacy degree granting institution located in this or another state.

Q. How do I sign up?

A. You don't need to file anything with the board at this time. Your supervising pharmacist will keep a written record of the hours and location worked by you under his or her direct supervision. This written record is NOT supplied to the board unless requested. Both you and your supervising pharmacist must sign the written record.

Q. How do I prove how many hours I earned?

A. When you apply for original licensure, your supervising pharmacist will certify the number of hours worked by you under direct supervision. The form used is called a "certification form".

Q. Where do I get a certification form?

A. The license application contains a certification form, #2535. Also, you can obtain a copy of the form from the Department of Regulation and Licensing or download it at www.drl.state.wi.us.

Q. When is the certification form submitted to the board?

A. The certification form is submitted to the board ONLY at the time that you apply for licensure. You will provide the certification form to your supervising pharmacist who will complete it and have it notarized. The certification form will then be submitted to the board either by you or your supervising pharmacist.

Q. Must I wait until I apply for a license for my supervising pharmacist to complete a certification form on my behalf?

A. No. To avoid the potential problem that you cannot locate your supervising pharmacist to complete a certification form at the time of your application, you may wish to have your supervising pharmacist complete the form and have it notarized at the time you complete your internship hours with him or her.

Q. Who keeps my completed certification forms prior to my submitting an application for a license?

A. Either you or your supervising pharmacist keep any completed certification forms, it is your choice. DO NOT SEND COMPLETED CERTIFICATION FORMS TO THE BOARD IF YOU HAVE NOT SUBMITTED AN APPLICATION. You are solely responsible for the safekeeping of completed certification forms even if your supervising pharmacist keeps them on your behalf.

Wisconsin Department of Regulation & Licensing

Q. What should I do if either my supervising pharmacist or I lose a completed certification form?

A. Your supervising pharmacist will need to complete another certification form on your behalf. If you cannot locate your supervising pharmacist or he or she is either unwilling or unable to complete another form on your behalf, you will not be able to claim those internship hours.

Q. How many hours of credit can I earn?

A. There is no limit. If you are certified for a minimum of at least 1500 hours you have met the Wisconsin internship requirement.

Q. What if I don't meet the 1500 hours requirement?

A. Whatever hours are certified will be credited toward meeting the 1500 hours requirement. If less than 1500 hours are certified you will need additional hours from any combination of the remaining internship categories.

Q. Can I serve an academic internship at the same time as another category of internship?

A. Yes. However, you cannot double count hours earned between categories.

Q. Can I have more than one supervising pharmacist?

A. Yes. You can have more than one supervising pharmacist. Each supervising pharmacist must keep a written record of the hours worked by you under direct supervision. Each supervising pharmacist must complete a certification form on your behalf. You are allowed to make as many copies of the certification form as you may need.

Q. What type of record must the supervising pharmacist keep?

A. The supervising pharmacist must keep a written record of the hours and location worked by you as an intern under his or her direct supervision. Both you and your supervising pharmacist must sign the written record. The written record shall be produced to the board upon request.

Q. Can I work at more than one location?

A. Yes. You can work at more than one location, as long as a supervising pharmacist at each location supervises you.

Q. Can I still work in a student non-academic internship after I graduate?

A. No. Once you graduate, you cannot serve as an intern under this category any longer and must stop working as a student non-academic intern. You may, however, wish to serve a post-graduate internship. (Or may still need additional hours as an intern and therefore will need to serve a post-graduate internship to meet the 1500 hour internship requirement.)

Q. If I have successfully completed my second year in and am enrolled at a professional Bachelor of Science degree in pharmacy or Doctor of Pharmacy degree granting institution located in this or another state, can I simply practice pharmacy under the direct supervision of a supervising pharmacist, even for no internship credit.

A. Yes, once you have successfully completed your second year and for as long thereafter as you are enrolled in the professional pharmacy degree program at your school. However, you will not receive credit as an intern in a student non-academic internship unless the supervising pharmacist is willing to certify your hours and keep the written record.

3. A post-graduate internship

Q. What is a post-graduate internship and how do I qualify?

A. It is the practice of pharmacy by a person who has first filed an application with the board for original licensure and has graduated from a professional Bachelor of Science degree in pharmacy or Doctor of Pharmacy degree granting institution located in this or another state.

Wisconsin Department of Regulation & Licensing

Q. How do I sign up?

- A. (1) File an application with the board for original licensure and supply to the board evidence of having been graduated from a professional Bachelor of Science degree in pharmacy or Doctor of Pharmacy degree granting institution located in this or another state.
- (2) You cannot perform duties as a post-graduate intern or receive credit for hours participating in a post-graduate internship until you file an application for original licensure with the board.

Q. How do I prove how many hours I earned?

- A. Your supervising pharmacist will certify the number of hours worked by you under supervision. The form used is called a “certification form”. You will supply the certification form to your supervising pharmacist who will complete it and have it notarized. The certification form will then be submitted to the board either by you or your supervising pharmacist.

Q. Where do I get a form for certification?

- A. The license application contains a form for the certification, #2536. Therefore, the certification will be a part of your application process.

Q. Who keeps my completed certification forms prior to my submitting them to the board?

- A. Either you or your supervising pharmacist may keep and submit any completed certification forms, it is your choice. You are solely responsible for the safekeeping of completed certification forms even if your supervising pharmacist keeps them on your behalf.

Q. What should I do if either my supervising pharmacist or I lose a completed certification form?

- A. Your supervising pharmacist will need to complete another certification form on your behalf. If you cannot locate your supervising pharmacist or he or she is either unwilling or unable to complete another form on your behalf, you will not be able to claim those internship hours.

Q. Is direct supervision required?

- A. No. You can work under general supervision. Your supervising pharmacist does not need to have immediate on premises availability to continually coordinate, direct and inspect at first hand your practice.

Q. How many hours of credit can I earn?

- A. You may earn up to 2000 hours of internship credit in a post-graduate internship, even though you have reached the 1500 minimum level. You are allowed additional hours so that you may continue to work as an intern while you are finalizing your application with the board and completing any required tests. After you have earned a maximum of 2000 hours as a post-graduate intern you cannot serve as an intern under this category any longer and must only work as a pharmacy technician until receiving a pharmacist license from the board.

Q. Can I work for an additional 2000 hours in a post-graduate internship, even if I have satisfied the minimum 1500 hours of internship credit prior to graduation?

- A. Yes, theoretically you could. The post-graduate internship can serve as a means for you to remain employed as an intern while you are awaiting original licensure from the board. However, if you reach 2000 hours in a post-graduate internship you must stop working as an intern.

Q. Can I have more than one supervising pharmacist?

- A. Yes. You can have more than one supervising pharmacist. Each supervising pharmacist will certify your hours to complete your application for a pharmacist license. You are allowed to make as many copies of the internship hours certification form as you may need.

Wisconsin Department of Regulation & Licensing

Q. What type of record must the supervising pharmacist keep?

A. The supervising pharmacist must keep a written record of the hours and location worked by you as an intern under his or her supervision. Both you and your supervising pharmacist must sign the written record. The written record shall be produced to the board upon request.

Q. Can I work at more than one location?

A. Yes. You can work at more than one location, as long as a supervising pharmacist at each location supervises you.

4. A foreign graduate internship.

Q. What is a foreign graduate internship and how do I qualify?

A. It is the practice of pharmacy by a person who has first filed an application with the board for original licensure and has not graduated from a professional Bachelor of Science degree in pharmacy or Doctor of Pharmacy degree granting institution located in this or another state.

Q. How do I sign up?

- (1) File an application with the board for original licensure.
- (2) You cannot perform duties as a foreign graduate intern or receive credit for hours participating in a foreign graduate internship until you file an application for original licensure with the board and the below required documentation is received and approved by the board.
 - 1.) Application form #608 completed with the Department fee.
 - 2.) Copy of your translated diploma.
 - 3.) Professional Education form #2512 completed and returned to the board office. This form must come directly from the school.

Q. When am I eligible to take examinations?

You will not be admitted to the NAPLEX or MPJE examination prior to first filing proof with the board of obtaining certification by the “Foreign Pharmacy Graduate Examination Committee” (FPGEC) and being within 360 credit hours of completing an internship in the practice of pharmacy.

Q. How do I prove how many hours I earned?

A. Your supervising pharmacist will certify the number of hours worked by you under supervision. The form used is called a “certification form”. You will supply the certification form to your supervising pharmacist who will complete it and have it notarized. The certification form will then be submitted to the board either by you or your supervising pharmacist.

Q. Where do I get a form for certification?

A. The license application contains a form for the certification, #2534. Therefore, the certification will be a part of your application process. For additional copies needed you can obtain this form on the Department Web site at www.drl.state.wi.us.

Q. Who keeps my completed certification forms prior to my submitting them to the board?

A. Either you or your supervising pharmacist may keep and submit any completed certification forms, it is your choice. You are solely responsible for the safekeeping of completed certification forms even if your supervising pharmacist keeps them on your behalf.

Wisconsin Department of Regulation & Licensing

Q. What should I do if either my supervising pharmacist or I lose a completed certification form?

A. Your supervising pharmacist will need to complete another certification form on your behalf. This form can be obtained on the Department Web site at www.drl.state.wi.us. If you cannot locate your supervising pharmacist or he or she is either unwilling or unable to complete another form on your behalf, you will not be able to claim those internship hours.

Q. Is direct supervision required?

A. No. You can work under general supervision. Your supervising pharmacist does not need to have immediate on premises availability to continually coordinate, direct and inspect at first hand your practice.

Q. How many hours of credit can I earn?

A. You may earn up to 3000 hours of internship credit in a foreign graduate internship, even though you have reached the 1500 minimum level. You are allowed additional hours so that you may continue to work as an intern while you are finalizing your application with the board and completing any required tests. After you have earned the maximum of 3000 hours as a foreign graduate intern you cannot serve as an intern under this category any longer and must only work as a pharmacy technician until receiving a pharmacist license from the board.

Q. How many hours of credit can I earn as a foreign graduate intern without submitting proof to the board of having obtained certification by the Foreign Pharmacy Graduate Examination Committee?

A. You are limited to 2000 hours. This means that if you haven't previously submitted proof to the board of certification by the Foreign Pharmacy Graduate Examination Committee, once you reach 2000 hours of credit as a foreign graduate intern, YOU MUST STOP WORK AS AN INTERN. Once you submit proof of certification you may continue working as a foreign graduate intern until you reach the 3000 hour limit.

Q. Can I have more than one supervising pharmacist?

A. Yes. You can have more than one supervising pharmacist. Each supervising pharmacist will certify your hours to complete your application for a pharmacist license. You are allowed to make as many copies of the internship hours certification form as you may need.

Q. What type of record must the supervising pharmacist keep?

A. The supervising pharmacist must keep a written record of the hours and location worked by you as an intern under his or her supervision. Both you and your supervising pharmacist must sign the written record. The written record shall be produced to the board upon request.

Q. Can I work at more than one location?

A. Yes. You can work at more than one location, as long as a supervising pharmacist at each location supervises you.

Q. Can I continue to practice as a foreign graduate intern under an internship registration issued by the former Pharmacy Internship Board prior to December 31, 2001?

A. Yes. A person currently practicing pharmacy as an intern on or before December 31, 2001, who registered as an intern under former s. Ph-Int 1.01 (3) (d) 3, is not required to comply with the new foreign graduate internship requirement until May 31 in the third year succeeding the year in which the registration under former s. Ph-Int 1.01 (3) (d) 3 was granted, unless such registration was previously revoked, suspended or cancelled. The supervising pharmacist shall keep a written record of the hours and location worked by the person as an intern under his or her supervision, signed by the person and the supervising pharmacist. The written record shall be produced to the board upon request. Internship hours completed under this subsection may be certified to the board on a board approved form, #2534.

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5. A practical experience internship.

Q. What is a practical experience internship and how do I qualify?

A. It is practical experience acquired in another state, which is comparable to any combination of an academic, student non-academic, foreign graduate and/or post-graduate internship. You qualify based upon the number of hours for which you have been granted internship credit from another licensing entity located in another state.

Q. How do I sign up?

A. There is no need to sign up for this internship.

Q. How do I prove how many hours I earned?

A. When you apply, your practical experience acquired in another state will need to be verified by the board or by the agency which is the equivalent of the Wisconsin Pharmacy Examining Board in the state in which the practical experience internship was completed. You will supply the verification form, #2537, to the board or agency. The verification form will then be sent back to the board directly by the board or agency.

Q. Where do I get a form for verification?

A. The license application contains a form for the verification. Therefore, the verification will be a part of your application process.

Q. How many hours of credit can I earn?

A. You may earn as many hours of practical internship credit as will be verified. However, you need to acquire a minimum of 1500 hours to satisfy the Wisconsin internship requirement. If you do not receive credit for that many you will need to obtain additional hours of internship credit from another internship category.

Q. What does “comparable practical experience” mean?

A. In determining comparable practical experience the Wisconsin Pharmacy Examining Board shall consider the duties performed constituting the practice of pharmacy which are:

1. Interpreting prescription orders.
2. Compounding, packaging, labeling, dispensing and the coincident distribution of drugs and devices, participating in drug utilization reviews.
3. Proper and safe storage of drugs and devices and maintaining proper records of the drugs and devices.
4. Providing information on drugs or devices, which may include, but is not limited to, advice relating to therapeutic values, potential hazards and uses.
5. Drug product substitution under applicable state and federal law.
6. Supervision of pharmacist supportive personnel.
7. Making therapeutic alternate drug selections in accordance with written guidelines or procedures previously established by a pharmacy and therapeutics committee of a hospital and approved by the hospital's medical staff and by an individual physician for his or her patients for the period of each patient's stay within the hospital.
8. Drug regimen screening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrect duration of treatment, drug allergy reactions and clinical abuse or misuse.
9. Performing any act necessary to manage a pharmacy.
10. Administering prescribed drug products and devices and, pursuant to vaccination protocols, vaccines.

Wisconsin Department of Regulation & Licensing

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APPLICATION PACKET ADDENDUM (INTERNET)

Pharmacist Exam, NAPLEX Transfer and Foreign Graduate Application Packet

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

PO Box

City, State, Zip

Thank you.